

# Mapping of Engagement Project

Summary of findings from the  
state-wide survey

May 2016

The logo for 'urbis' is located in the bottom right corner. It consists of a white square containing the word 'urbis' in a dark blue, lowercase, sans-serif font.

urbis

# Project background & methodology

## Aim

Measure the level, type and range of engagement activities with service users, consumers, families and carers underway across the mental health and AOD sectors in QLD

### Key Stages

**01**

Stakeholder consultations (n = 38)

**02**

State-wide survey (n = 63)

### Participants



**19**

NGO Service providers



**5**

Funders



**4**

Hospitals  
(public & private)



**7**

Advocacy  
bodies



**3**

Consumers, families,  
carers, service users

# Key Stages

01

Stakeholder consultations (n = 38)

02

State-wide survey (n = 63)

# Participants

	55	NGO Service providers
	7	Hospitals (public)
	1	Hospitals (private)

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	41	Mental health
	12	AOD
	10	Both

**What is service user,  
consumer, family &  
carer engagement?**

## What characterises valued engagement?



**Service Users,  
Consumers  
Families & Carers**

**Genuine  
opportunity to  
drive change**

**Specific &  
focused**

**Ongoing  
dialogue**

Wrapping a service  
around a participant,  
rather than fitting  
them to a system.

Service provider

## What is service user, consumer, family & carer engagement?

### 01 Organisational change

- To guide reform
- To build the fit and relevance between service users/consumers and the service
- Improve service planning, delivery, monitoring and evaluation

### 02 Therapeutic purposes

- To deliver person-centred services
- To build capacity in service users/consumers

## At what levels does this engagement take place within organisations?



**System  
reform**



**Program /  
service strategy**



**Program /  
service operations**

It's important to have a decent policy framework to outline the approach and boundaries.

Funder



## What is service user, consumer, family & carer engagement?

**For engagement to be meaningful and effective:**



**Strategic & operational levels**



**Multiple opportunities**



**Governance structures**



**Feedback loops**

It's got to be through the whole organisation, not just top down or bottom up.

Policy Maker

**What are organisations doing  
to embed engagement?**

## What are organisations doing to embed engagement?

### Some organisations DO engagement as an activity

**01**

Funders, HHSs, some peak and advocacy bodies and service providers not necessarily staffed by people with a lived experience

**02**

Plan and implement engagement activities, which may be focused on organisational change, a therapeutic outcome or both

**03**

Engagement may be seen as core business, but is not necessarily embedded into the organisation via paid positions for people with lived experience

## Some organisations EMBED engagement in the organisational structure

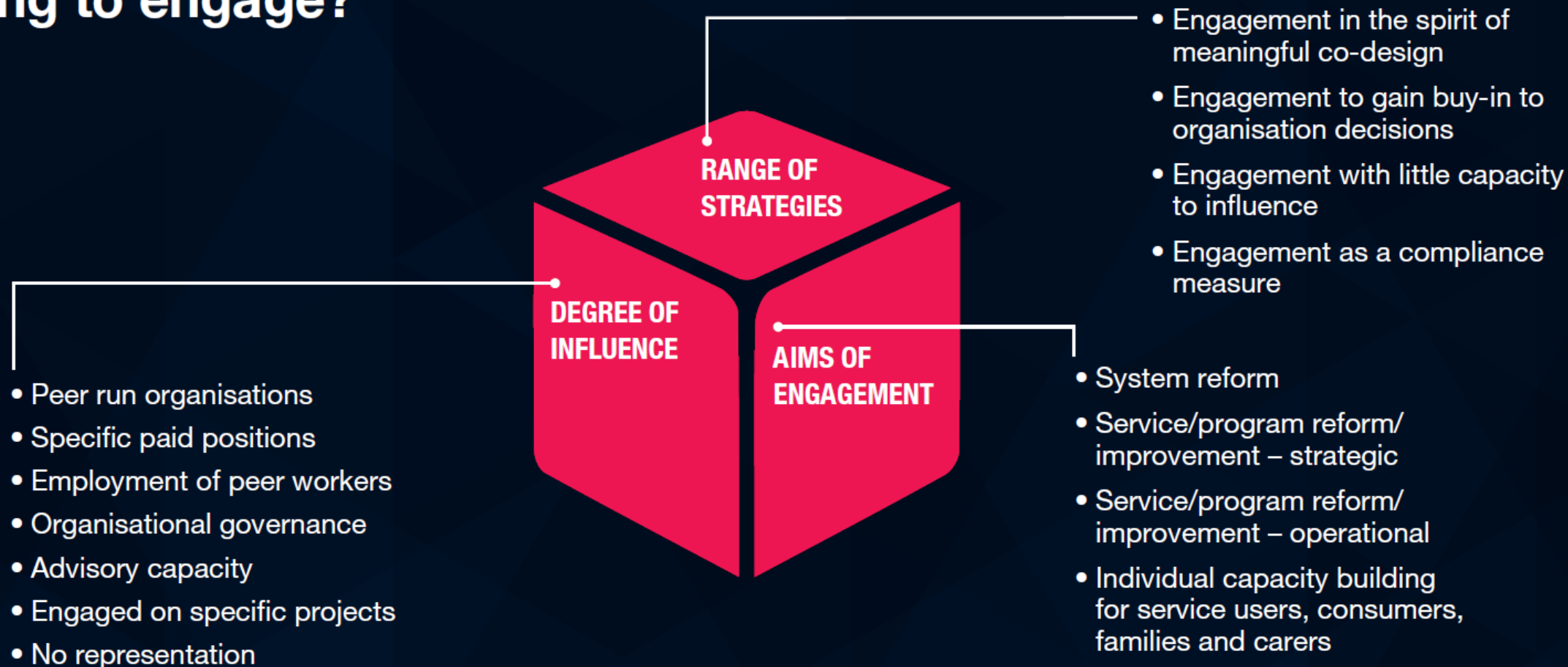
01

Peer operated services and peak and advocacy bodies see engagement as core business via embedding of people with lived experience at all levels

02

Find it difficult to differentiate organisational change focused engagement from that focused on a therapeutic outcome, as the structure of the organisation is a form of engagement itself

# What are organisations doing to engage?



# What are organisations doing to embed engagement?

## Map of engagement activities

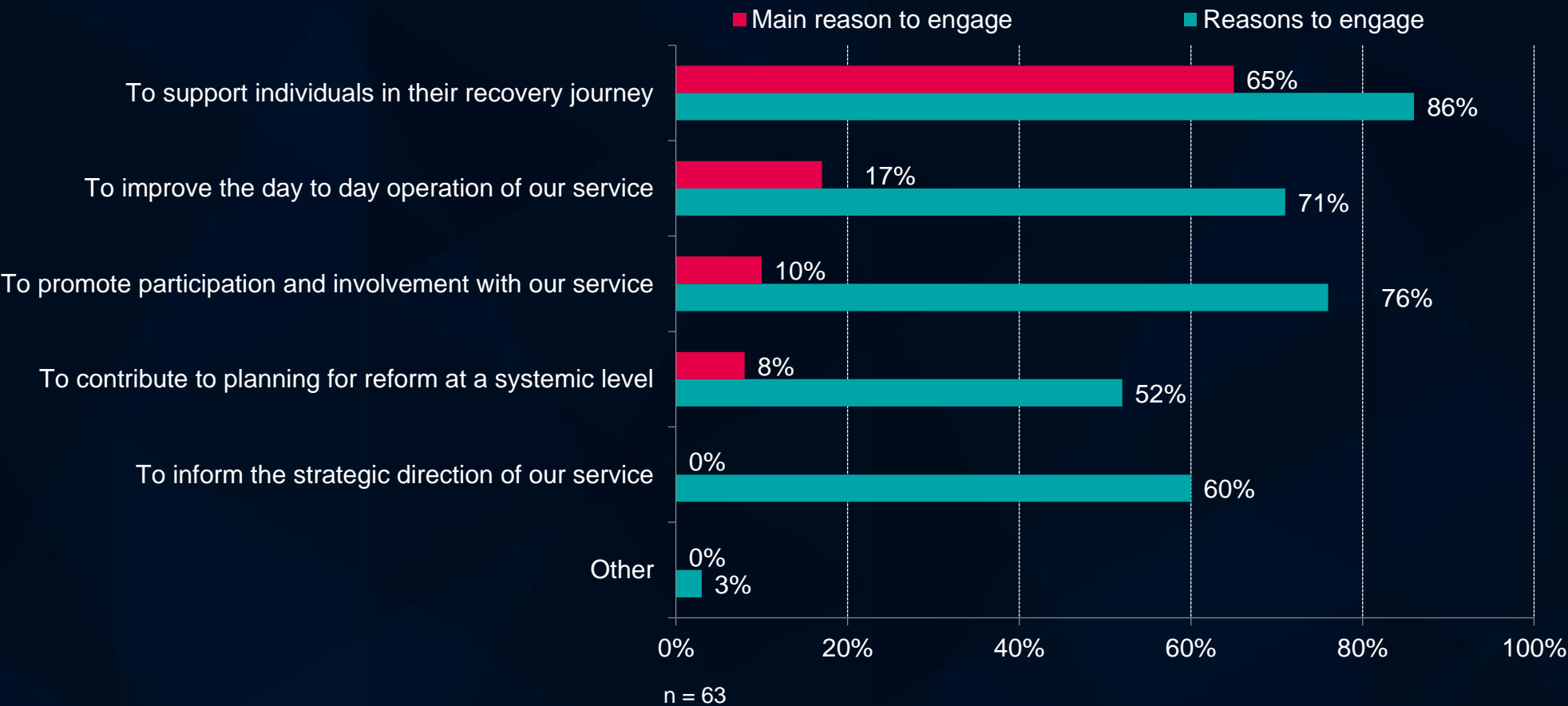
OPERATIONAL FOCUS						STRATEGIC FOCUS					PEER INVOLVEMENT		
						INFORMAL FEEDBACK	SURVEYS	SPECIFIC PROJECTS	ADVISORY GROUPS & COMMITTEES	GOVERNANCE INVOLVEMENT	PEER WORKERS	DESIGNATED POSITIONS	PEER RUN SERVICE
SYSTEM REFORM						Service users, consumers, families & carers present at system level meetings		QHealth Mental Health Directorate Planning	Cross sector working groups		Role engagement in system reform		Service engagement in system reform
SERVICE / PROGRAM IMPROVEMENT	Open door policy	Client Satisfaction surveys	Peer workers receive staff training	Seat on recruitment panels	Consumer panels	Open door policy	Client Satisfaction surveys	Peer workers receive staff training	Seat on recruitment panels	Management committees	Consumer consultants	Carer Education	Advisory Groups
	Feedback boxes	Carer surveys			Consumer and carer forums	Feedback boxes	Carer surveys	Role in evaluation advisory group	Quality meetings	Board representation	Clubhouse model	Youth advisory Councils	
	Community/house meetings	External evaluations			Therapeutic community model	Community/house meetings	External evaluations	Facilitated feedback project with other services	Youth advisory councils	Board sub-committees	Education program in schools	Range of target positions	
		Focus groups with service users/ carers			Reference/advisory groups		Focus groups with service users/ carers	Role in accreditation process		Director of social inclusion & recovery	Volunteer peer workers		
		Social media platforms					Social media platforms	Consumer participation framework			Develop/deliver training		
		Formal complaints system					Formal complaints system						
INDIVIDUAL CAPACITY BUILDING	Community house meetings		Peer workers receive staff training	Seat on recruitment panels	Consumer panels			Peer workers receive staff training	Seat on recruitment panels	Management committees	Consumer consultants	Carer Education	Advisory Groups
					Consumer and carer forums			Role in evaluation advisory group	Quality meetings	Board representation	Clubhouse model	Youth advisory Councils	
					Therapeutic community model			Facilitated feedback project with other services	Youth advisory councils	Board sub-committees	Education program in schools	Range of target positions	
					Reference/advisory groups			Role in accreditation process		Director of social inclusion & recovery	Volunteer peer workers		
								Consumer participation framework			Develop/deliver training		

**What drives service user,  
consumer, family & carer  
engagement?**



What drives service user, consumer, family & carer engagement?

Outside of providing services, what are the reasons/the main reason you engage service users, consumers, families and carers?





## What drives service user, consumer, family & carer engagement?

- In terms of the key benefits of engagement, a significant number (46%) of all service providers found that a key benefit is gathering feedback to improve service delivery.
- Other commonly cited benefits include:
  - Helping to effectively meet the needs of service users (24%)
  - Supporting participant/consumer/client outcomes (21%)
  - Supporting carer/family outcomes (12%)
  - Providing insight into lived experience (9%)

**"Benefits include continuous improvement to systems and processes, feedback on existing services and systems."**

**"Lived experience informing our service activities and procedures."**

## What drives service user, consumer, family & carer engagement?

- With regard to the key challenges in maintaining or increasing engagement, most were related to resourcing, either human or financial. Service providers reported challenges with funding (19%), insufficient resources (14%), staffing or skill shortages (12%), or time constraints (14%).
- Other key challenges include the reluctance of service users, consumers, families and carers to participate (22%) and maintaining engagement/communication (19%).
- Reluctance to participate varied greatly between mental health and AOD services, where 28% of mental health services found this a key challenge, while only 8% of AOD services did. This is likely a reflection of the therapeutic community model operated by many AOD services.

**"Lack of time, limited resources, lack of access to transport for consumers and families and at times reluctance to get involved."**

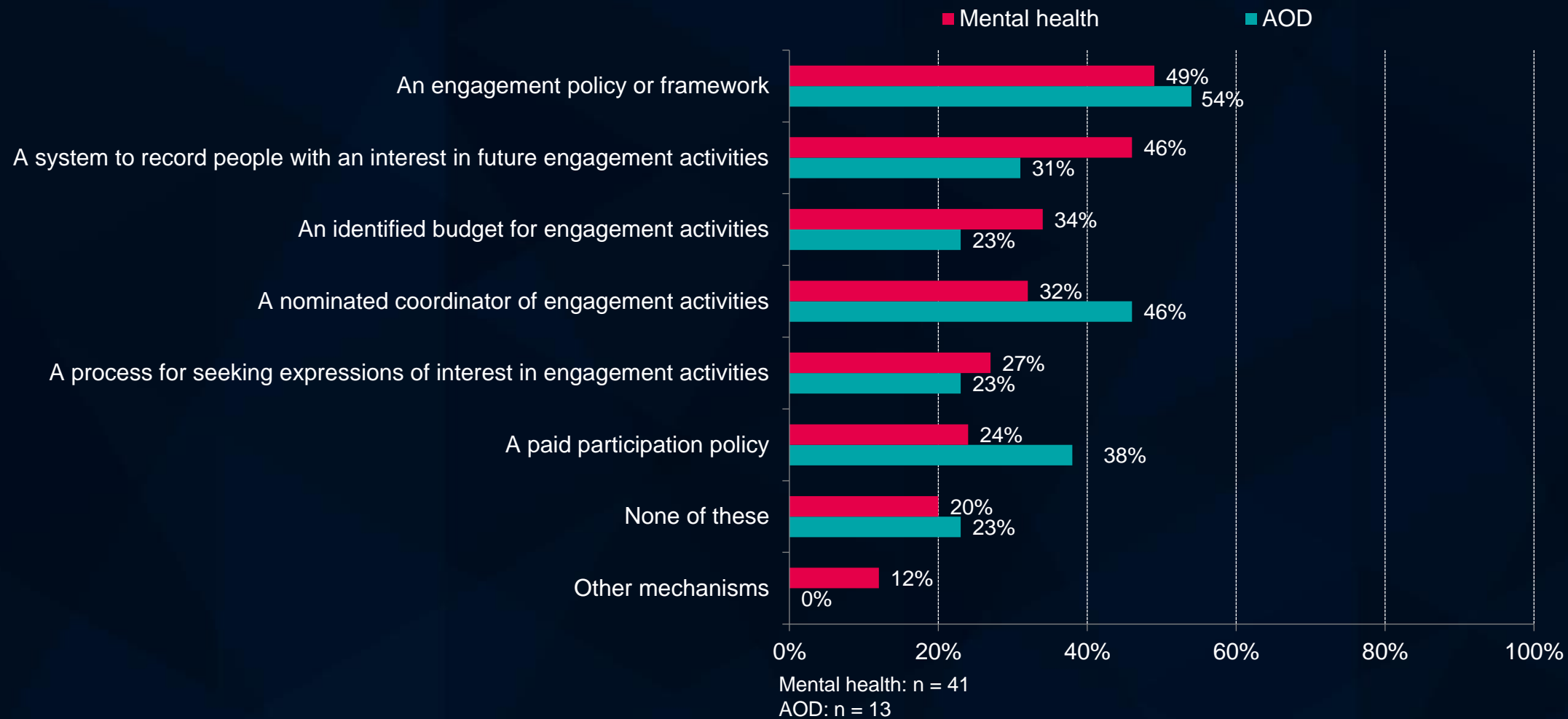
**"Time and staffing constraints as well as the cost of preparing and providing materials for this activity."**

**"Resourcing to appropriately support and maintain effective consumer, family and carer engagement at all levels of the organisation."**

**What engagement activities  
are underway?**

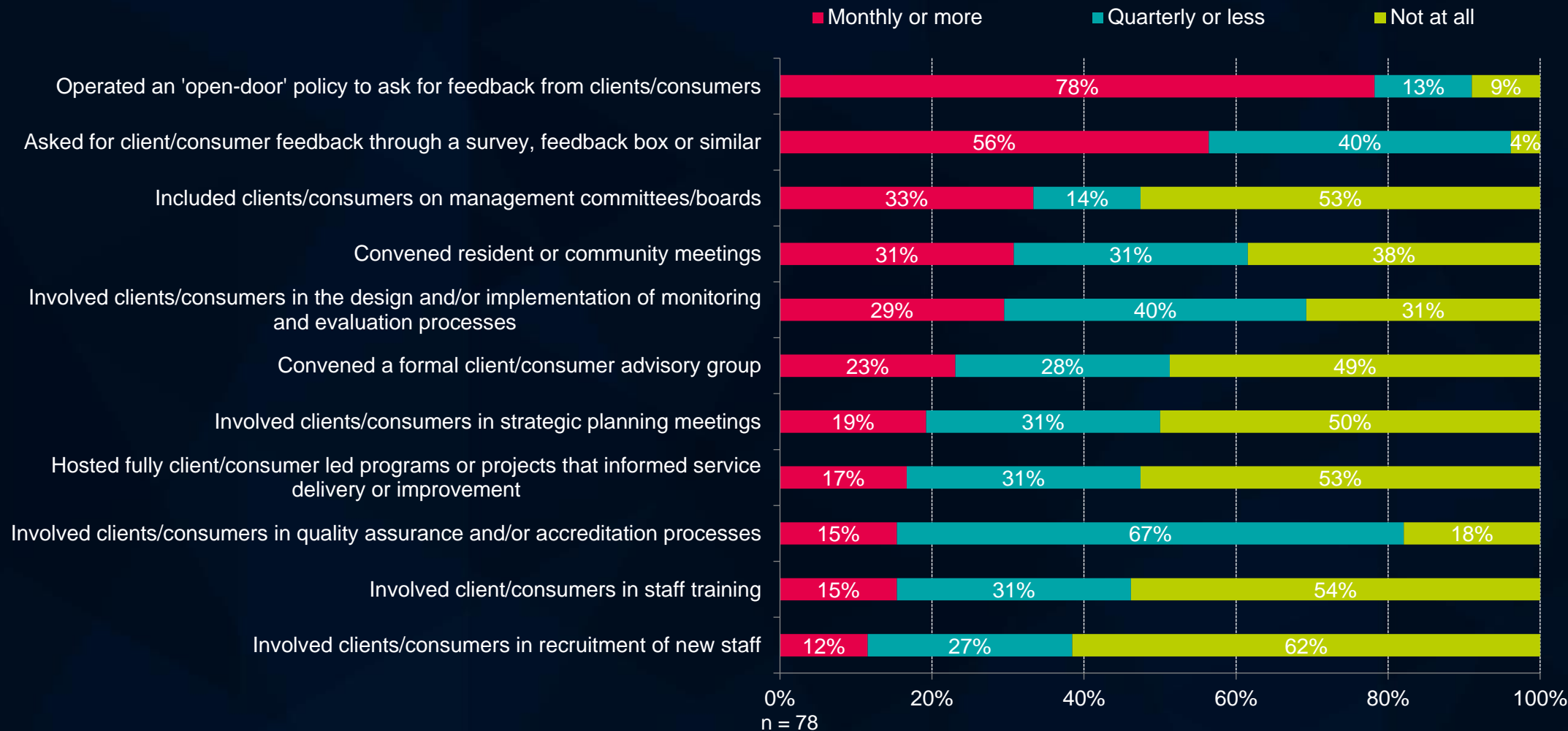
What engagement activities are underway?

What engagement mechanisms are in place?



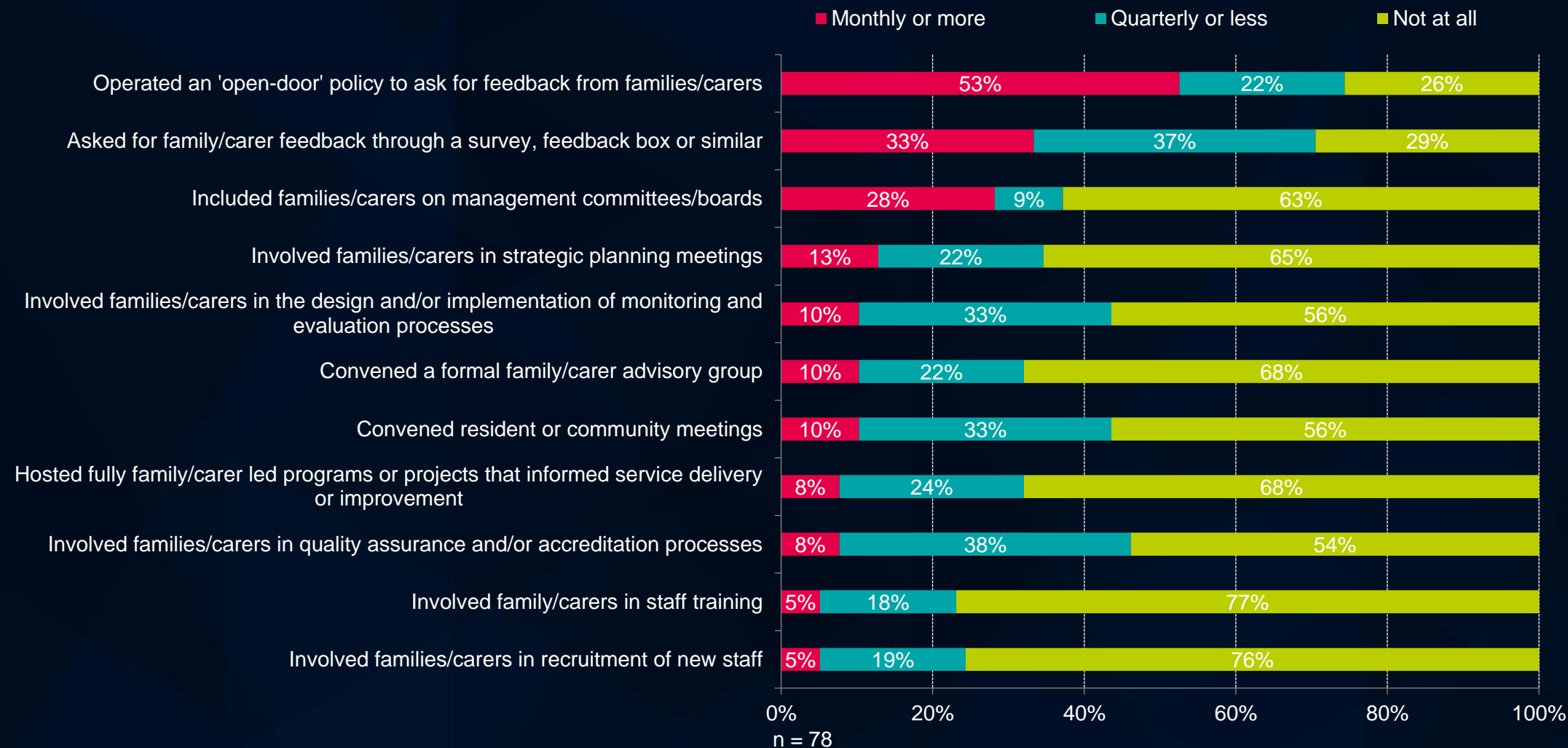
What engagement activities are underway with service users/consumers?

In the last 12 months, how often has your mental health/AOD service undertaken any of the following activities with service users/consumers?



What engagement activities are underway with families/carers?

In the last 12 months, how often has your mental health/AOD service undertaken any of the following activities with families/carers?

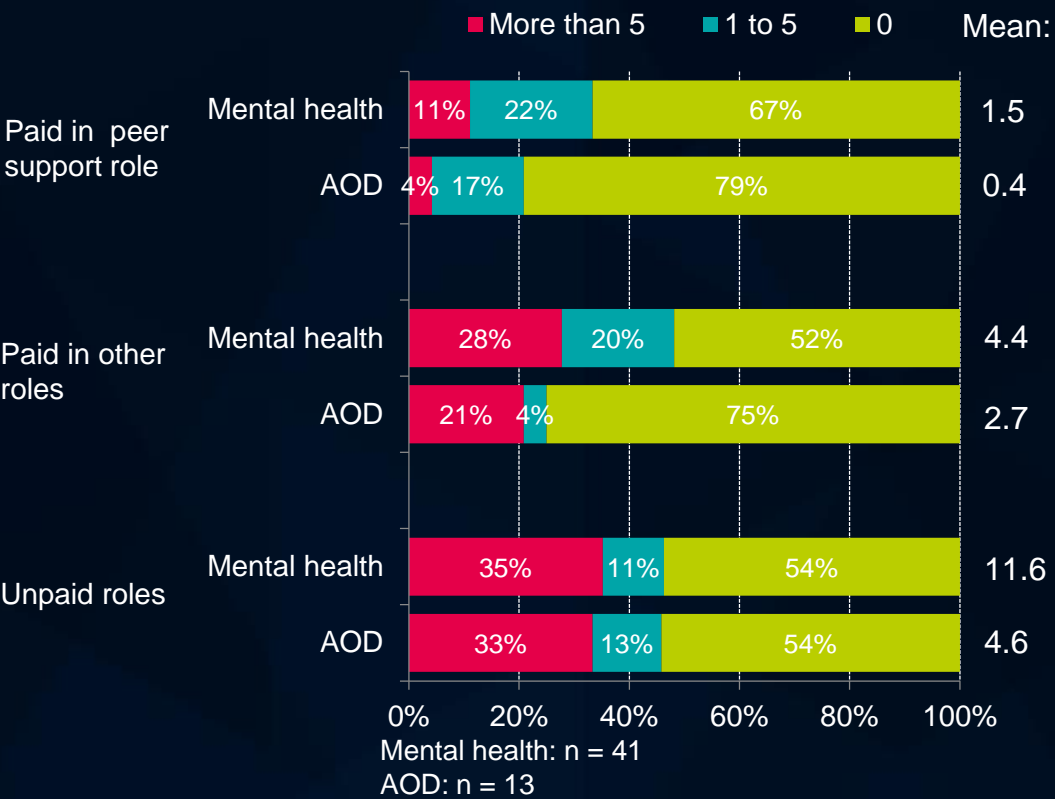


**Is engagement paid or unpaid?**

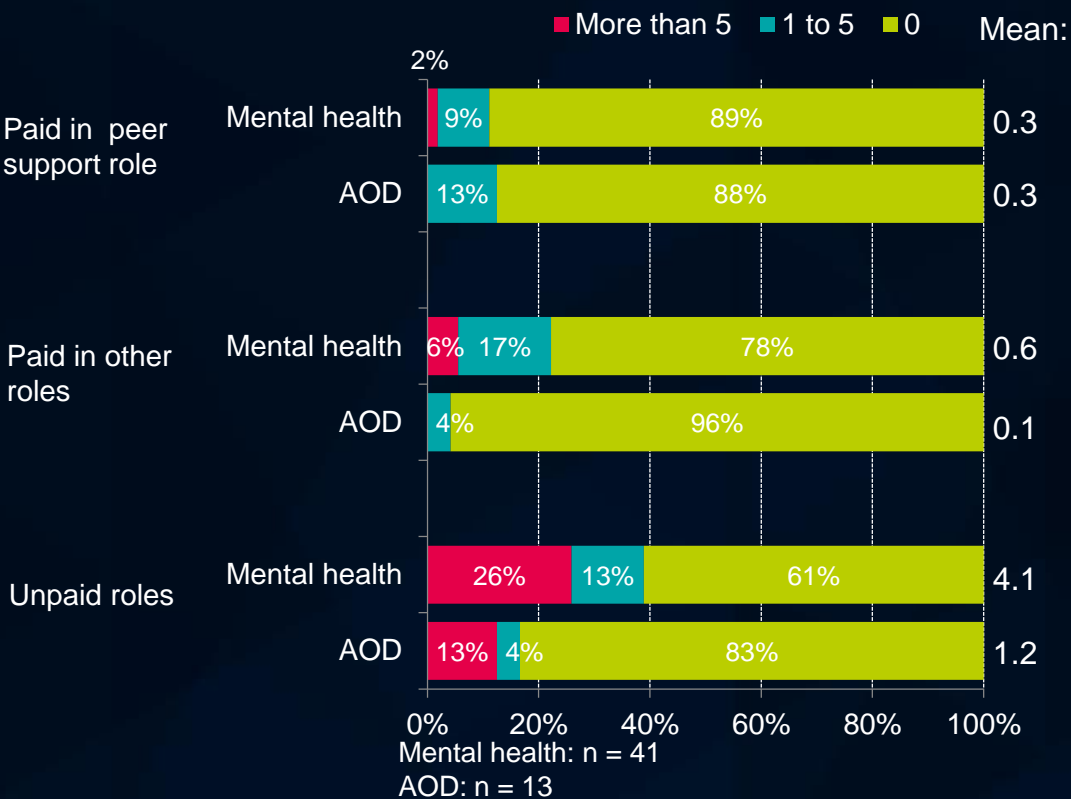
Is engagement paid or unpaid?

In the last 12 months, how many different service users/consumers or family members/carers have participated in engagement activities?

Service users/consumers



Families/carers

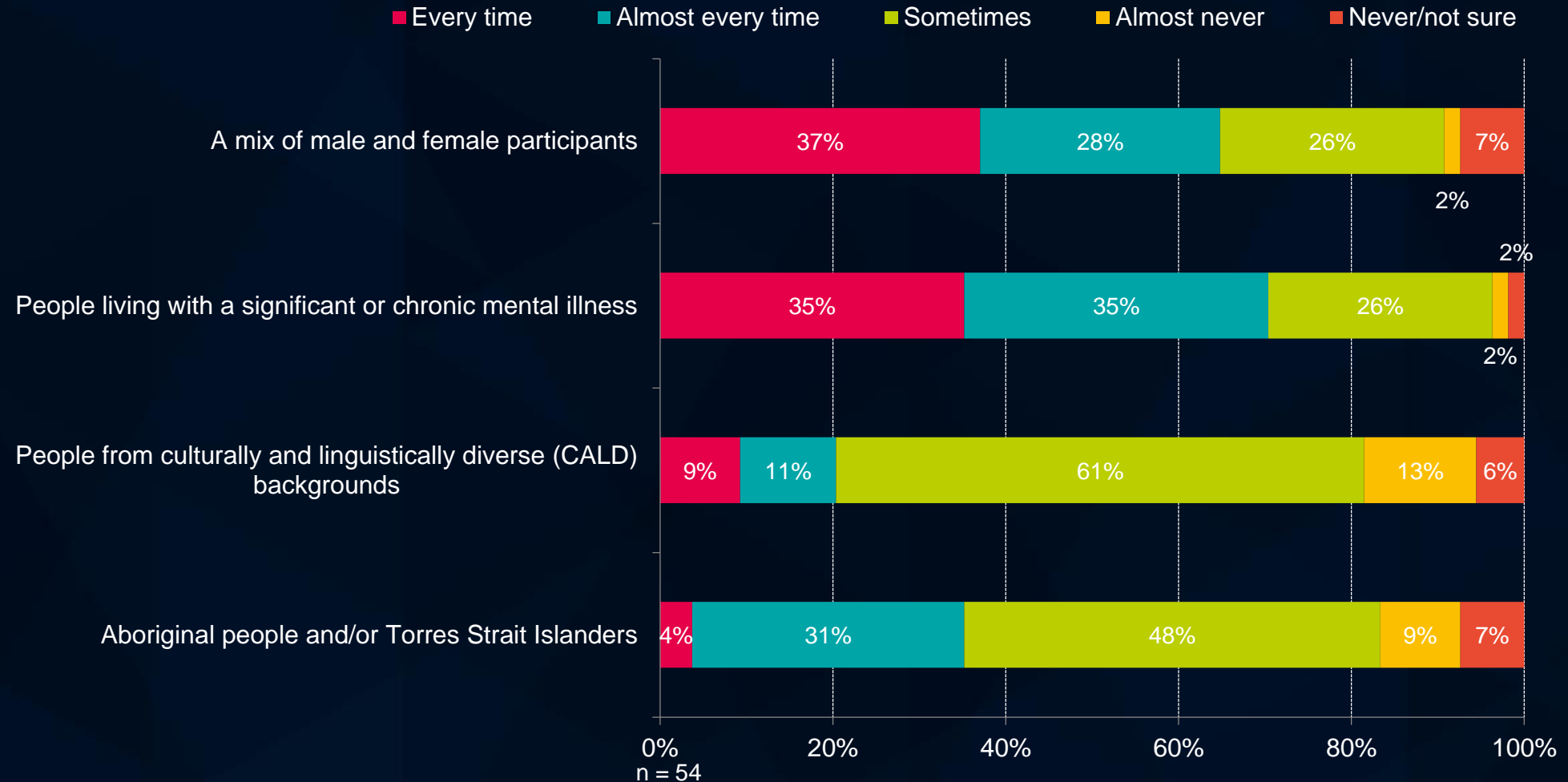




**Who is being engaged?**

## Who is being engaged?

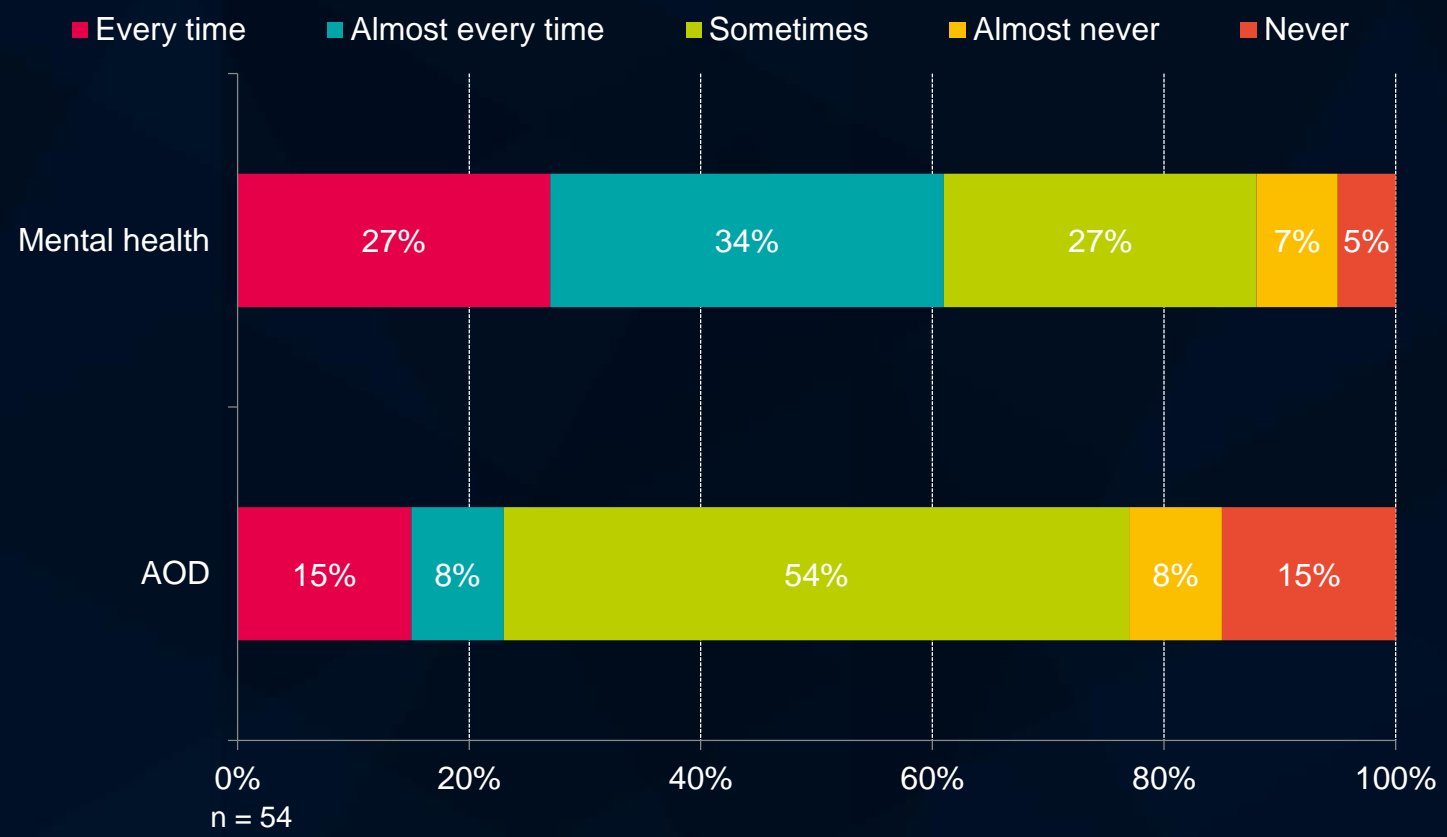
How often do your engagement activities with service users/consumers/families/carers involve...?



**How have outcomes been  
shared with participants?**

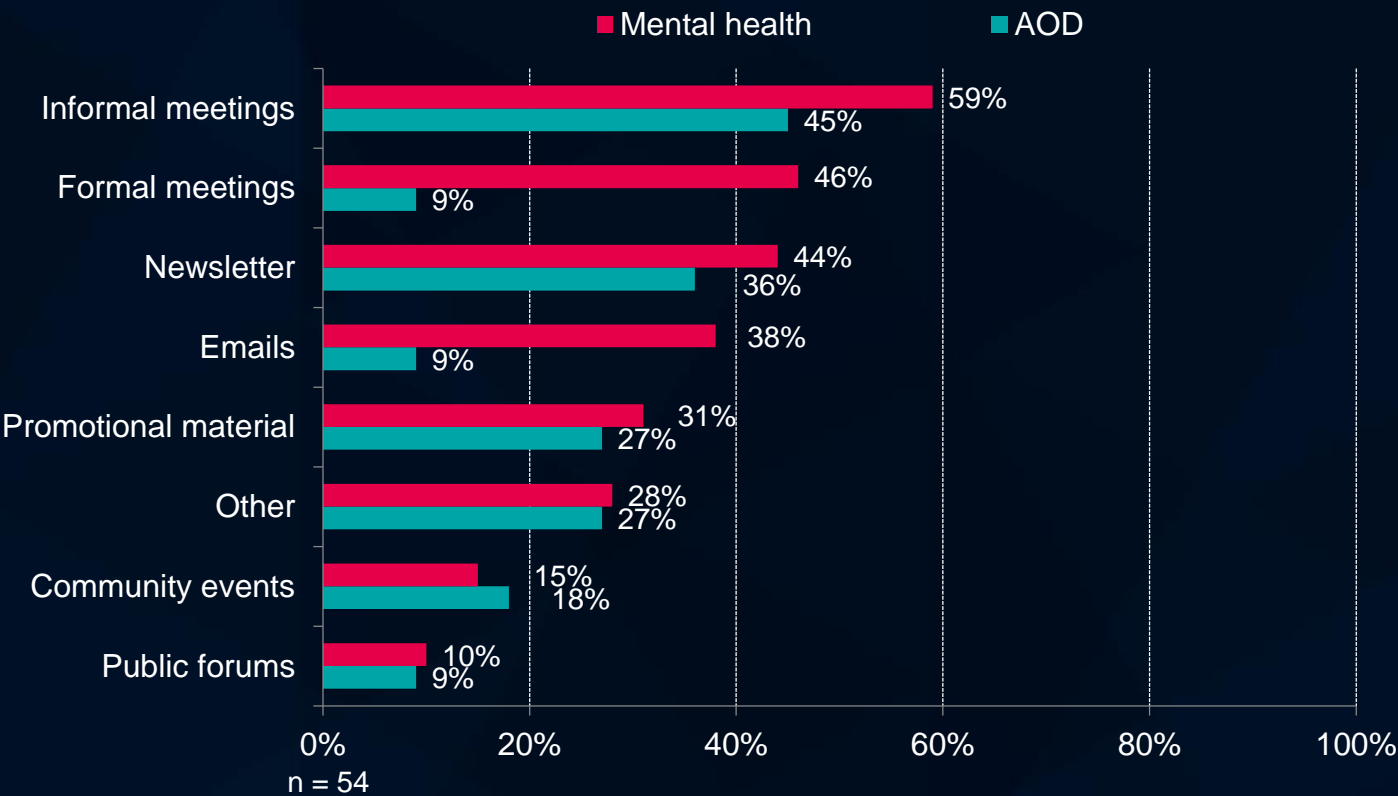
How have outcomes been shared with participants?

In the last 12 months, how often have the results of service user, consumer, family or carer engagement been shared with those who contributed?



How have outcomes been shared with participants?

In the last 12 months, how have the results of service user, consumer, family or carer engagement been shared with those who contributed?



**What does this mean for the Commission's work in supporting engagement with service users, consumers, families and carers as valued partners?**

## Conclusions and recommendations

- The findings of the survey indicate across QLD there is some strong practice, and mechanisms in place to support valued engagement, although there is **significant potential to better support and grow this work** across both the mental health and AOD sectors.
- Two thirds of organisations (65%) indicate the main aim of their engagement activities is to better support individuals on their recovery journey. While this does suggest some misalignment with the Commission's Strategic Plan, individual support is a longer term goal of engagement focused on guiding strategic direction and reform as the Plan requires. The ambiguity regarding the intentions of engagement activity (to support organisational change and/or for therapeutic purposes) evident in both the qualitative and quantitative stages of this study indicate there is **room for the Commission to better communicate expectations of engagement with regard to aim, activity and outcomes**.
- While the small number of respondents in the survey mean results across sectors and organisation types should be interpreted with caution, results do suggest the **mental health vs AOD sector adopts a more strategic focus** in their engagement activities. While the AOD sector report having more mechanisms to support engagement in place, these are more often focused on engaging individuals/day to day operation of services rather than a strategic outcome.

## Conclusions and recommendations

- The qualitative work revealed meaningful and effective engagement involves:



**Strategic &  
operational  
levels**



**Multiple  
opportunities**



**Governance  
structures**



**Feedback  
loops**

- The survey results indicate organisations are **succeeding in some but not all** of these key areas:
  - A total of 61% of mental health and 23% of AOD always or nearly always provide feedback to engagement participants
  - The range and frequency of engagement activities suggests there are multiple opportunities for service users/consumers/families and carers to provide input
  - The range of activities also suggests there is the opportunity to provide input at both strategic and operational levels – although the results do not provide assurance of this dual focus among organisations
  - Governance structures were not explored in detail although the evolving nature of engagement would suggest these structure are also evolving.



## Conclusions and recommendations

- Valued engagement was also defined via the qualitative work as being specific and focused, with a precise opportunity for influence defined with those involved. The survey results indicate there is **opportunity for engagement to become far more specific and focused as opposed to passive.**
- The most common engagement activities are an 'open door' policy and gathering of feedback via a survey, feedback box or similar. These **modes of engagement are driven by the service user/consumer/family or carer** (and tend to attract input from those who have had a particularly positive or negative experience) rather than representing the active definition of an opportunity for influence on behalf of services.
- In our experience, service users/consumers/families/carers **rarely feel these methods of engagement lend themselves to feeling a genuine opportunity for driving change** and improving outcomes.



## Conclusions and recommendations

- The survey reveals that service user/consumer/family and carer engagement remains in developmental stages in many mental health and AOD organisations across QLD.
- The key challenges associated with undertaking this work are centred around resourcing – both human and financial resources. We also heard in the qualitative work that this style of engagement has often been bundled into someone's existing role/job description rather than involving dedicated resources or roles. **There is scope for the Commission to assist the mental health and AOD sectors in planning to resource engagement effectively.**
- Furthermore, while some organisations have a paid participation policy, engagement paid peer workers and other roles, the **appropriate valuing of participation in engagement activities is still developing.**

**Thank you.**